

**CITY OF NEW YORK
EMPLOYEE'S NOTICE OF INJURY**
(Pursuant to §18 of Workers' Compensation Law)

**FORWARD TO: LAW DEPARTMENT, WORKERS' COMPENSTION DIVISION
350 JAY STREET, BROOKLYN, NEW YORK 11201- 9TH FLOOR**

(TOGETHER WITH C2 WHEN POSSIBLE)

ANSWER ALL QUESTIONS FULLY. THIS IS YOUR NOTICE TO YOUR EMPLOYER OF INJURY ON THE JOB. PRINT OR WRITE LEGIBLY.

1. Full name of injured person _____
(First) (Middle) (Last)

2. Address _____

Home Tel. No. _____ Business Tel. No. _____

Employee's S.S. No. _____ Date of Birth _____

3. Name of employer's CITY OF NEW YORK-DEPARTMENT OF _____

4. Date of accident _____ Hour _____ AM _____ PM _____

5. Exact location where accident occurred _____

6. How did accident happen? (describe in details)

7. Nature and extent of injury

8. Did you inform your supervisor of this accident? _____ Name _____
Date ? _____

9. Names and address of witness

Dated _____

Sign Here _____